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AND  
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Application Number	09/893,166
Filing Date	June 27, 2001
First Named Inventor	Raphael Schlanger
Art Unit	3617
Examiner Name	J. Ballinger
Attorney Docket Number	01-398

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

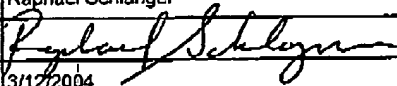
☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Mr. Raphael Schlanger				
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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Raphael Schlanger				
Signature					
Date	3/12/2004	Telephone	203-778-4711		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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From: William B. Slate

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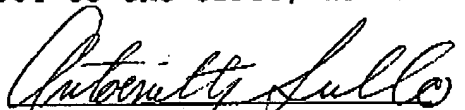
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